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Bib Data Sheet

SERIAL NUMBER 09/652,793	FILING DATE 08/31/2000 RULE -	CLASS 701	GROUP ART UNIT 3661	ATTORNEY DOCKET NO. 010079-004
APPLICANTS Michael L. Giniger, Groton, MA ; Warren Scott Hilton, Groton, MA ; ** CONTINUING DATA ***** <i>yes. c.c. (08/698,148, patent 6,199,045)</i> ** FOREIGN APPLICATIONS ***** <i>None.C.C.</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/18/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>C.C. How</i> <i>C.C.</i> Verified and Acknowledged Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 10	TOTAL CLAIMS 2
INDEPENDENT CLAIMS 2				
ADDRESS				
21839				
TITLE				
Method and apparatus for providing position-related information to mobile recipients				
FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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BIBDATASHEET

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CONFIRMATION NO. 29

SERIAL NUMBER 09/652,793	FILING DATE 08/31/2000 RULE	CLASS 455	GROUP ART UNIT 2684	ATTORNEY DOCKE NO. 010079-004
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APPLICANTS

Michael L. Giniger, Groton, MA;

Warren Scott Hilton, Groton, MA;

** CONTINUING DATA *****

*yes. C.C.C.
Continuation of 08/698,148 (patent 6,199,045)
filed Aug. 15, 1996*

** FOREIGN APPLICATIONS *****

None. C.C.C.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/18/2000

** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>C. CHOW</u> Initials <u>C.C.</u>	STATE OR COUNTRY MA	SHEETS DRAWING 10	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 2
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ADDRESS

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ROCKVILLE, MD
20850

TITLE

Method and apparatus for providing position-related information to mobile recipients

FILING FEE RECEIVED • 801	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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